								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								RD 10/719544					
Effective October 1, 2003									ى ئىلىنىك	R	ABY-	-13_	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	ENTITY	OB		R THAN ENTITY	
T	OTAL CLAIMS	3	2,				ſ	RATE	FEE	יי ד	RATE	FEE	
F	OR		NUMBER FILED		NUMBER EXTRA		l.	BASIC FE	+	1	BASIC FEE	<del>                                     </del>	
1	OTAL CHARGE	21 minus 20=		- /		F		383.00	OR		770.00		
in	DEPENDENT C	CLAIMS	2 minus 3 =		6		-	X\$ 9= X43=	<del> </del> -	OR	X\$18=	ļ	
M	ULTIPLE DEPE	NDENT CLAIM F	RESENT		حی				-	OR	X86=	<b> </b>	
<b> </b>	* If the difference in column 1 is less than zero, enter "0" in column 2									ОЯ	+290=	<u> </u>	
	CLAIMS AS AMENDED - PART II								<u> </u>	ОЯ	TOTAL	788	
_	(Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER , AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO NO NO NO NO NO NO NO NO NO NO NO NO N	Total	• 21	Minus	4 2	. 1	=	Г	X\$ 9=	7	OR	X\$18=	7	
AME	Independent	1 3	Minus		3	=	Γ	X43=	/	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del>  /                                   </del>		222	/	
								+145=	-/	OЯ	+290= TOTAL		
	*								<u></u>	OR :	ADDIT, FEE	L	
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									. ,			
AMENDMENT B		REMAINING AFTER AMENOMENT		NUMB PREVIO PAIO F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE,		FIATE	ADDI- TIONAL FEE	
	Total .	. 4	Minus	• 2	١	e /		X\$ 9=		OR	X\$18=	/	
AME	Independent	. 2	Minus	***	3	=		X43=	/	OR	X86=	/	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	145=		OR	+290=	/	
	••										TOTAL	•	
	(Cal									OR ,	DOIT. FEE		
	` .	(Column 1) CLAIMS		(Colum		(Column 3)	_	,					
AMENDMENT C	•	REMAINING AFTER AMENDMENT	·	NUMBI PREVIOU PAID F	JSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•. 8	Minus	* 2		=	5	<b>(\$ 9=</b>		OR	X\$18=	/	
AME	Independent	• /	Minus	*** 7	,	<u> </u>	<b> </b>	(43=			X86=	-/-	
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		-/-	
• (	the entry in colur	L	145=	,	OR	+290=							
-1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  OR ADDIT. FEE  ADDIT. FEE												
1	The Highest Num	ber Previousty Paid	For (Total or	Independen	i) is the	highest number t	bnuo	in the app	ropriate box	in colu	mn 1.		

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